

Client Demonstration Project (CDP) Data Quality: Provider Record (Fields 1-109)

<u>Field Number</u>	<u>Field Description</u>	<u>Field Name</u>	<u>Data Quality Target</u> <u>Valid Ranges</u>	<u>Data Quality Target</u> <u>Consistency Checks</u>
1.	Provider Agency Name	Prvname1	Must Not Be Blank	-
2.	Provider Address	Prvaddr1	Must Not Be Blank	-
3.	Provider City	Prvcity	Must Not Be Blank	-
4.	State	State	Must Not Be Blank	-
5.	Zip Code	Zip	Must Not Be Blank	-
6.	Provider ID #	Prvid	Must Not Be Blank	-
7.	Taxpayer ID #	Taxid	Must Not Be Blank	-
8.	Provider Contact Name	Contname	Must Not Be Blank	-
9.	Provider Contact Title	Conttitl	Must Not Be Blank	-
10.	Provider Phone	Phone	10 Digit #	-
11.	Provider Fax	Fax	10 Digit #	-
12.	Provider Email Address	Email	Must Not Be Blank	-
13.	Name of Person Completing Form	ComformN	Must Not Be Blank	-
14.	Phone of Person Completing Form	ComformP	Must Not Be Blank	-
15.	E-mail of Person Completing Form	ComformE	Must Not Be Blank	-
16.	Reporting Period Start Date	Prystart	MM/DD/YYYY	-
17.	Reporting Period End Date	Pryend	MM/DD/YYYY	-
18.	Reporting Scope	Scope	1,2	-
19.	Provider Type	Prvtype	01-11	-
20.	Funding Under Section 330	Sect330	0-2	-
21.	Ownership Status	Owner	1-8	-
22.	Received Title 1 Funds	Title1	0,1	-
23.	Received Title 2 Funds	Title2	0,1	-

<u>Field Number</u>	<u>Field Description</u>	<u>Field Name</u>	<u>Data Quality Target</u> <u>Valid Ranges</u>	<u>Data Quality Target</u> <u>Consistency Checks</u>
24.	Received Title 3 Funds	Title3	0,1	-
25.	Received Title 4 Funds	Title4	0,1	-
26.	Received Title 4 Adolesc. Funds	Title4Ad	0,1	-
27.	Amount of Title I Funding	Ftitle1	0-9999999	If > 0 Title1 must equal 1
28.	Amount of Title II Funding	Ftitle2	0-9999999	If > 0 Title2 must equal 1
29.	Amount of Title III Funding	Ftitle3	0-9999999	If > 0 Title3 must equal 1
30.	Amount of Title IV Funding	Ftitle4	0-9999999	If > 0 Title4 must equal 1
31.	Amount of All Oral Health Funding	FOralHth	0-9999999	-
32.	Support to Grantee: Planning/ Evaluation	Planning	0,1	-
33.	Support to Grantee: Administrative or Technical Support	Admin	0,1	-
34.	Support to Grantee: Fiscal Intermediary Services	Fiscal	0,1	-
35.	Support to Grantee: Technical Assistance	TechAss	0,1	-
36.	Support to Grantee: Capacity Development	Capacity	0,1	-
37.	Support to Grantee: Quality Management	Quality	0,1	-
38.	Administer an ADAP Program	ADAP	0,1	-
39.	Type of ADAP Program	ADAPtype	1,2	Blank if ADAP = 0
40.	Administer a HIP Program	HIP	0,1	-
41.	Targeted Population: All Adolescents	TPYouth	0,1	-
42.	Targeted Population: Children	TPChild	0,1	-
43.	Targeted Population: Gay, Lesbian, and Bisexual Adults	TPGadult	0,1	-
44.	Targeted Population: Gay, Lesbian, and Bisexual, Questioning Youth	TPGyouth	0,1	-
45.	Targeted Population: Homeless	TPHmless	0,1	-
46.	Targeted Population: Incarcerated Persons	TPJail	0,1	-

<u>Field Number</u>	<u>Field Description</u>	<u>Field Name</u>	<u>Data Quality Target</u> <u>Valid Ranges</u>	<u>Data Quality Target</u> <u>Consistency Checks</u>
47.	Targeted Population: Injection Drug Users	TPIDU	0,1	-
48.	Targeted Population: Migrant or Seasonal Farm Workers	TPFarm	0,1	-
49.	Targeted Population: Non-Injection Drug Use	TPNonIDU	0,1	-
50.	Targeted Population: Parolees	TPParol	0,1	-
51.	Targeted Population: Race/Ethnic Minorities/ Communities of Color	TPCOC	0,1	-
52.	Targeted Population: Runaway or Street Youth	TPRun	0,1	-
53.	Targeted Population: Rural Population other than Migrant	TPRural	0,1	-
54.	Targeted Population: Women	TPWomen	0,1	-
55.	Targeted Population: Other	TPOther	0,1	-
56.	Other: Specify	TPOtherS		Blank if TPOther = 0
57.	Race/ethnic >50% board	RaceBrd	0,1	-
58.	Race/ethnic >50% prof. staff	Racestf	0,1	-
59.	Race/ethnic>50% solo/group practice	Racesolo	0,1	-
60.	Traditional provider	Tradprv	0,1	-
61.	Other type of agency	Othprv	0,1	-
62.	Total Paid Staff FTEs	Paidstaf	0-99	-
63.	Total Volunteer Staff	Volstaff	0-99	-
64.	Was HIV Counseling & Testing Provided?	CT	0,1	-
65.	Did you provide HIV testing to Infants	CTInfant	0,1	Blank if CT = 0
66.	Number of Infants Tested	CTINum	0-99999	Blank if CT = 0
67.	Number of Infants HIV Positive	CTIHIV	0-99999	Blank if CT = 0
68.	Were CARE Act Funds Used for C&T?	CTRW	0,1	-
69.	How Many Received Anonymous Pre-test Counseling?	CTPreAn	0-99999	-
70.	How Many Received Confidential Pre-test Counseling?	CTPreCon	0-99999	-
71.	How Many Received Anonymous Testing?	CTTestAn	0-99999	-

<u>Field Number</u>	<u>Field Description</u>	<u>Field Name</u>	<u>Data Quality Target</u> <u>Valid Ranges</u>	<u>Data Quality Target</u> <u>Consistency Checks</u>
72.	How Many Received Confidential Testing?	CTestCon	0-99999	-
73.	How Many Anonymous Tests were Positive?	CTPosAn	0-99999	-
74.	How Many Confidential Tests were Positive?	CTPosCon	0-99999	-
75.	How Many Received Anonymous Post-test Counseling?	CTPostAn	0-99999	-
76.	How Many Received Confidential Post-test Counseling?	CTPostCn	0-99999	-
77.	How Many Anonymous Positive Tests did not return for Post-Test Counseling?	CTNoptAn	0-99999	-
78.	How Many Confidential Positive Tests did not return for Post-Test Counseling?	CTNoptCn	0-99999	-
79.	How many anonymous HIV+ became new patients at your clinic	CTNewAP	0-99999	-
80.	How many confidential HIV+ became new patients at your clinic	CTNewCP	0-99999	-
81.	Was Partner Notification Offered?	CTPN	0,1	-
82.	How many partners of anonymous clients were notified?	CTpnum	0-99999	Blank if CTPN = 0
83.	Total Cost of All Primary Care	T3PCcost	1-9999999	-
84.	Total Cost of Other Programs	T3OPcost	0-9999999	-
85.	Title III Primary Care Grant funds expended	T3PCgnt	1-9999999	-
86.	Title III Other Programs Grant funds expended	T3OPgnt	0-9999999	-
87.	Title III Pharmaceuticals Grant funds expended	T3PHgnt	0-9999999	-
88.	Patient Collections Primary Care	T3PCcoll	0-9999999	-
89.	Patient Collections Other Program	T3OPcoll	0-9999999	-
90.	Third Party Payer Primary Care Reimbursements Rcvd	T3PCReim	0-9999999	-
91.	Third Party Payer Other Program	T3OPReim	0-9999999	-
92.	All Other Sources Primary Care Income	T3PCInc	0-9999999	-
93.	All Other Sources Other Program Income	T3OPInc	0-9999999	-
94.	EIS Services Provided at More than 1 Site?	T3sites	0,1	-

<u>Field Number</u>	<u>Field Description</u>	<u>Field Name</u>	<u>Data Quality Target</u> <u>Valid Ranges</u>	<u>Data Quality Target</u> <u>Consistency Checks</u>
95.	# of Sites Services Provided	T3Siten	1-99	Blank if T3sites = 0
96.	Ambulatory/Outpatient Medical Care	T3PCMed	1	-
97.	Dermatology	T3Derm	0,1,2	-
98.	Dispensing of Pharmaceuticals	T3Pharm	0,1,2	-
99.	Gastroenterology	T3Gastro	0,1,2	-
100.	Mental Health Services	T3MH	0,1,2	-
101.	Neurology	T3Neuro	0,1,2	-
102.	Nutritional Counseling	T3Nutr	0,1,2	-
103.	Obstetrics/Gynecology	T3OBGyn	0,1,2	-
104.	Optometry/Ophthalmology	T3Optom	0,1,2	-
105.	Oral Health Care	T3Oral	0,1,2	-
106.	Rehabilitation Services	T3Rehab	0,1,2	-
107.	Substance Abuse Services	T3Subab	0,1,2	-
108.	Other Services	T3Other	0,1,2	-
109.	Number of HIV+ Patients Referred Outside EIS for any Service	T3RTotal	0-99999	-